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Bib Data Sheet

CONFIRMATION NO. 9831

<b>SERIAL NUMBER</b> 10/026,833	<b>FILING DATE</b> 12/27/2001 <b>RULE</b>	<b>CLASS</b> 725	<b>GROUP ART UNIT</b> 2611	<b>ATTORNEY DOCKET NO.</b> 1115.41014X00	
<b>APPLICANTS</b> Anna Dahlstrom, Linkoping, SWEDEN; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> SWEDEN 0004904-9 12/29/2000 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/26/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 020457					
<b>TITLE</b> Method for storing information					
<b>FILING FEE RECEIVED</b> 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		